





## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention titled

## "BINNING OF RESULTS FROM LOOP QUALIFICATION TESTS",

Atty. docket no. 1342-US.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby appoint Edmund J. Walsh, Reg. No. 32,950, Diane C. Drozenski, Reg. No. 39,177, Lance M. Kreisman, Reg. No. 39,256, and Bruce D. Rubenstein, Reg. No. 39,349 as my attorneys or agents for so long as they remain employed by Teradyne, Inc., with full power of substitution and revocation, to prosecute the application, to make alterations and amendments therein, to transact all business in the Patent and Trademark Office in connection therewith, and to receive any Letters Patent, and for one year after issuance of such Letters Patent to file any request for a certificate of correction that may be deemed appropriate.

## Address all communications to:

Legal Department Teradyne, Inc. 321 Harrison Avenue Boston, MA 02118

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Signature:		Date:	
Inventor's Name:	ROSEN, Joseph S.		

Residence: 2914 W. Jarlath Street, Chicago, IL 60645 Citizenship: USA

Post Office Address: 2914 W. Jarlath Street, Chicago, IL 60645

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